

<b>Department of Homeland Security</b> U. S. Coast Guard CG PSC-2000 (Rev. 6-03)		<h2 style="margin: 0;">PCS Departing/Separation Worksheet</h2>																
EMPLID	Name (Last, First, MI)	Permanent Unit																
<b>UNIT COMPLETE THIS SECTION</b>																		
<b>PURPOSE:</b> Use this form to request PCS/Separation entitlements and provide information needed for completion of Official Travel Orders. If you have any questions, <b>ASK YOUR YEOMAN.</b>																		
New Duty Station (PCS only)		Authorized Proceed Time (PCS only)	Authorized Travel Time															
Date to report _____ or date to depart _____ (as specified by transfer order)																		
<i><b>Note: This block for PCS only.</b></i> Does member meet obligated Service as required in PERSMAN Art 4-B-6? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> (If no, complete and attach a Career Intentions Worksheet, CG-HRSIC-2045) Does member meet all requirements for PCS as required in PERSMAN Art. 4-B-1? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span> Does member meet weight standards IAW COMDTINST 1020.8C? <span style="float: right;"><input type="checkbox"/> yes <input type="checkbox"/> no</span>																		
<b>MEMBER COMPLETE THIS SECTION</b>																		
Departure Date Requested: _____		<b>Leave Address/Phone No.</b> _____ _____ _____																
No. of Days Leave Requested: _____																		
Current leave balance: _____																		
<b>DEPENDENTS TRAVELING</b>																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Dependent Name</th> <th style="width: 20%;">Relationship</th> <th style="width: 20%;">DOB/DOM</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Dependent Name	Relationship	DOB/DOM													<div style="border: 2px solid black; padding: 5px; background-color: #cccccc;"> <b>CAUTION: ONLY REQUEST DEPENDENT TRAVEL ADVANCES FOR CONFIRMED MEMBERS OF YOUR FAMILY WHO WILL ACTUALLY TRAVEL TO YOUR NEW PDS. OTHERWISE DELAY RECEIPT OF SUCH DEPENDENT TRAVEL ADVANCES AND DLA UNTIL TRAVEL IS CONFIRMED.</b> </div>	
Dependent Name	Relationship	DOB/DOM																
If dependents are traveling on a different date than you, enter date: _____																		
<b>POC INFORMATION</b>																		
If traveling via POC, complete below (authorized two POC's) (may be authorized 3 POC's if requirements of U5015-B, JFTR are met)																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Year</th> <th style="width: 33%;">Make/Model</th> <th style="width: 33%;">Tag Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Year	Make/Model	Tag Number															
Year	Make/Model	Tag Number																
<b>POV INFORMATION</b>																		
If shipping a POV (only authorized one) list locations: From _____ To _____ (Overseas or INCONUS with COMDT approval only) Enter year, make/ model and tag number above.																		
<b>REQUEST FOR ADVANCES (SEPARATIONS AUTHORIZED MALT ADVANCES ONLY)</b>																		
<input type="checkbox"/> Advance Pay	_____ # months requested (max. of 3); or, _____ specific amount requested	Liquidation period (12 months is max., 24 with CO approval due to hardship caused by PCS, see reverse): # of months _____																
<input type="checkbox"/> *Advance TLE	<input type="checkbox"/> Member <input type="checkbox"/> Dependents _____ # of Depns	Locality: _____ # of days _____ Locality: _____ # of days _____																
<input type="checkbox"/> *Advance Dislocation Allowance (DLA) <b>Note:</b> Single members must obtain certification that gov't qtrs are not available																		
<input type="checkbox"/> *Advance MALT plus Per Diem for POC Travel		From	To															
<input type="checkbox"/> *Advance Dependent MALT plus Per Diem		From	To															
<input type="checkbox"/> Government Procured Transportation		<input type="checkbox"/> Mbr <input type="checkbox"/> Depns	From To															

\*Note: When requesting advance travel or DLA, complete and attach an Application for Advance of Funds (form SF-1038)

*Continued on reverse →*

**MISCELLANEOUS**

Do you currently live in government quarters? If yes, enter date you will terminate quarters _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold a government Charge Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Household Goods</b> Contact your servicing Transportation Officer (T.O.P.S site) to arrange for shipment of household goods and/or discuss your options. <input type="checkbox"/> I request government shipment of household goods. <input type="checkbox"/> I request a self-procured move. <input type="checkbox"/> I request a dity move.		
<b>Temporary Lodging Expense (TLE) (PCS only)</b> Authorized to members and their dependents when it is necessary for them to occupy temporary lodging. TLE is authorized for a total of 10 days for CONUS to CONUS and OUTCONUS to CONUS transfers. TLE is authorized for a total for 5 days for CONUS to OUTCONUS transfers. TLE may be used before departing the old PDS, during the elapsed time between PDSs (not including travel days for which per diem is payable), after arrival at the new PDS, or a combination equal to the authorized total. (See JFTR U5700 for more information. and ALCOAST 205/01 for procedures for advance TLE.		
<b>Temporary Lodging Allowance (TLA) (PCS only)</b> Authorized to partially reimburse a member for the more than normal expenses incurred during occupancy of temporary lodgings and expenses of meals obtained as a direct result of using temporary lodgings outside the continental U. S. which do not have facilities for preparing and consuming meals. The overseas commander will determine if it is necessary for the member and/or dependent(s) to occupy temporary lodgings when they arrive at an overseas PDS. TLA may also be authorized upon departure from and overseas PDS for a period not to exceed 10 days. (See JFTR U9200 for more information.)		
<b>Advance Pay (PCS only)</b> A maximum of 3 months pay or specified amount not to exceed 3 months pay may be requested. Repayment of advance is by payroll deduction and will normally not exceed 12 months. Repayment of Advance Pay in excess of 12 months can only be authorized by your CO and only in the case of severe personal financial hardship caused by the PCS transfer. Attach your letter requesting repayment in excess of 12 months and your CO's endorsement to this worksheet.		
<b>TRAVEL ADVANCES</b>		
Refer to the Personnel and Pay Procedures Manual, PSCINST M1000.2(series). Compute entitlements by using the "PCS (JFTR, Chap5) Entitlements Worksheet, CG PSC-2003 located in Enclosure (1).		
<b>Privacy Act Statement</b>		
In accordance with 5 USC Section 522a(e)(3), the following information is provided to you when supplying personal information to the U. S. Coast Guard: Authority - 10 USC Section 2771. Principal Purpose(s) - Used to indicate member's intentions during travel to next permanent duty station. Routine Uses - Same. Disclosure - Disclosure of this information is voluntary, but without disclosure the member may not receive advances.		
<b>Member Initials _____: I understand that all travel advances applied for herein will be compared to actual travel performed when I submit my final PCS Travel Claim. If advances exceed entitlement for MBR or DEPN travel actually performed (or not), I can expect recoupment of such travel advance, including DLA.</b>		
Member's Signature	Date:	<b>For PERSRU Use Only</b> Command Checklist for Overseas Screening verified by PERSRU Supervisor (if applicable):  Initials: _____ Date: _____  <i>Action Completed</i> Initials: _____ Date: _____
Supervisor's Signature	Date:	
Department Head's Signature	Date:	
Command Approval	Date:	